

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF OHIO

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name CL Clay Enterprises, LLC

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and doing business as names
DBA Dirt is Us Detailing

3. Debtor's federal Employer Identification Number (EIN) 81-1633073

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

3700 Oakwood Ave
Youngstown, OH 44515
Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Mahoning
County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify:

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

☒ Chapter 7

☐ Chapter 9

☐ Chapter 11. Check **all** that apply:

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No.

☐ Yes.

If more than 2 cases, attach a separate list.

District

When

Case number

District

When

Case number

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☐ No ☒ Yes.

List all cases. If more than 1, attach a separate list

| | | | |
|----------|--------------------------|-----------------------|------------------------|
| Debtor | Carl L. Clay | Relationship | LLC sole member |
| District | ND-OH, Youngstown | When | 6/30/23 |
| | | Case number, if known | 23-40675 |

11. Why is the case filed in this district? *Check all that apply:*
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes.
- Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention? (Check all that apply.)**
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds *Check one:*
- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- ☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☒ \$100,001 - \$500,000

☐ \$500,001 - \$1 million
- ☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million
- ☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 28, 2023
MM / DD / YYYY

X /s/ Carl L. Clay
Signature of authorized representative of debtor

Title Member

Carl L. Clay
Printed name

18. Signature of attorney

X /s/ Daniel J. Solmen
Signature of attorney for debtor

Date November 28, 2023
MM / DD / YYYY

Daniel J. Solmen 0061536
Printed name

Daniel J. Solmen, Attorney at Law
Firm name

940 Windham Ct., Ste.7
Youngstown, OH 44512
Number, Street, City, State & ZIP Code

Contact phone 330-758-6900 Email address dansolmen@yahoo.com

0061536 OH
Bar number and State

Fill in this information to identify the case:

Debtor name CL Clay Enterprises, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 28, 2023

X /s/ Carl L. Clay

Signature of individual signing on behalf of debtor

Carl L. Clay

Printed name

Member

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **CL Clay Enterprises, LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **0.00****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **0.00****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **0.00****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **1,113.83****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **154,007.51****4. Total liabilities**
Lines 2 + 3a + 3b\$ **155,121.34**

Fill in this information to identify the case:Debtor name **CL Clay Enterprises, LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☒ No. Go to Part 2.
☐ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

Part 2: Deposits and Prepayments**6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments**13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.

Debtor CL Clay Enterprises, LLC
Name

Case number (If known) _____

☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor CL Clay Enterprises, LLC
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

| Type of property | Current value of personal property | Current value of real property |
|---|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i> | <u>\$0.00</u> | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | <u>\$0.00</u> | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | <u>\$0.00</u> | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | <u>\$0.00</u> | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | <u>\$0.00</u> | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | <u>\$0.00</u> | |
| 86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i> | <u>\$0.00</u> | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | <u>\$0.00</u> | |
| 88. Real property. <i>Copy line 56, Part 9.....></i> | | <u>\$0.00</u> |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | <u>\$0.00</u> | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> | + <u>\$0.00</u> | |
| 91. Total. Add lines 80 through 90 for each column | <u>\$0.00</u> | + 91b. <u>\$0.00</u> |
| 92. Total of all property on Schedule A/B. Add lines 91a+91b=92 | | <u>\$0.00</u> |

Fill in this information to identify the case:

Debtor name CL Clay Enterprises, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name **CL Clay Enterprises, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

| | | | Total claim | Priority amount |
|-----|---|--|-------------------|-------------------|
| 2.1 | Priority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,113.83 | \$1,113.83 |
| | Date or dates debt was incurred 04/22; 2021 tax liability | Basis for the claim: Taxes | | |
| | Last 4 digits of account number 1314 | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | | |

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

| | | | Amount of claim |
|-----|--|---|-------------------|
| 3.1 | Nonpriority creditor's name and mailing address Affirm, Inc. Attn: Bankruptcy 650 California St, FI 12 San Francisco, CA 94108 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 |
| | Date(s) debt was incurred Opened 04/21 Last Active 10/16/21 | Basis for the claim: Unsecured | |
| | Last 4 digits of account number TX7Q | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.2 | Nonpriority creditor's name and mailing address American Financial Management, Inc. 5500 Pearl Street Des Plaines, IL 60018 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,913.00 |
| | Date(s) debt was incurred _ | Basis for the claim: collection-iHeart Media | |
| | Last 4 digits of account number 4422 | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Name

| | | | |
|-----|--|--|-------------------|
| 3.3 | Nonpriority creditor's name and mailing address Applied Bank 4700 Exchange Court Boca Raton, FL 33431 Date(s) debt was incurred <u>Opened 12/20 Last Active 01/23</u> Last 4 digits of account number <u>6872</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,101.00 |
| 3.4 | Nonpriority creditor's name and mailing address Aspire Credit Card Attn: Bankruptcy Po Box 105555 Atlanta, GA 30348 Date(s) debt was incurred <u>Opened 03/21 Last Active 5/30/23</u> Last 4 digits of account number <u>0368</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$968.00 |
| 3.5 | Nonpriority creditor's name and mailing address Avant/WebBank 222 North Lasalle Street Suite 1600 Chicago, IL 60601 Date(s) debt was incurred <u>Opened 05/21 Last Active 02/23</u> Last 4 digits of account number <u>7998</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$490.00 |
| 3.6 | Nonpriority creditor's name and mailing address Bank of Missouri 916 N King's Hwy Perryville, MO 63775 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>First Access Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$500.00 |
| 3.7 | Nonpriority creditor's name and mailing address Big Picture Loans 1800 N Lamar St Dallas, TX 75202 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,000.00 |
| 3.8 | Nonpriority creditor's name and mailing address Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Date(s) debt was incurred <u>Opened 03/22 Last Active 06/23</u> Last 4 digits of account number <u>6386</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$330.00 |
| 3.9 | Nonpriority creditor's name and mailing address Coastal Community Bank 5415 Evergreen Way Everett, WA 98203 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Prosper credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,000.00 |

Name

| | | | |
|------|--|--|-------------------|
| 3.10 | Nonpriority creditor's name and mailing address Coast/prosp Attn: Bankruptcy Dept 221 Main Street, Ste 400 San Francisco, CA 94105 Date(s) debt was incurred <u>Opened 6/26/22 Last Active 11/15/22</u> Last 4 digits of account number <u>7927</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,928.00 |
| 3.11 | Nonpriority creditor's name and mailing address Continental Finance Co Attn: Bankruptcy 4550 Linden Hill Rd, Ste 4 Wilmington, DE 19808 Date(s) debt was incurred <u>Opened 05/20 Last Active 12/22</u> Last 4 digits of account number <u>7952</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.12 | Nonpriority creditor's name and mailing address Continental Finance Co PO Box 8099 Newark, DE 19714 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>loans through Reflex and FIT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,300.00 |
| 3.13 | Nonpriority creditor's name and mailing address Continental Finance Company Attn: Bankruptcy Po Box 8099 Newark, DE 19714 Date(s) debt was incurred <u>Opened 01/21 Last Active 02/23</u> Last 4 digits of account number <u>1935</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,022.00 |
| 3.14 | Nonpriority creditor's name and mailing address Credit One Bank Attn: Bankruptcy Department 6801 Cimarron Rd Las Vegas, NV 89113 Date(s) debt was incurred <u>Opened 07/21 Last Active 01/23</u> Last 4 digits of account number <u>9402</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,558.00 |
| 3.15 | Nonpriority creditor's name and mailing address Credit One Bank Attn: Bankruptcy Department 6801 Cimarron Rd Las Vegas, NV 89113 Date(s) debt was incurred <u>Opened 09/22 Last Active 01/23</u> Last 4 digits of account number <u>8041</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,390.00 |

Name

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| 3.16 | Nonpriority creditor's name and mailing address Credit One Bank Attn: Bankruptcy Department 6801 Cimarron Rd Las Vegas, NV 89113 Date(s) debt was incurred <u>Opened 12/03/19 Last Active 01/23</u> Last 4 digits of account number <u>6995</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$932.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.17 | Nonpriority creditor's name and mailing address Delta Bridge Funding, LLC 2875 NE 191st St., Ste 500 Miami, FL 33180 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$6,500.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>loan-Cloud Funding</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.18 | Nonpriority creditor's name and mailing address Eagle Loan Company 224 Boardman-Canfield Rd. Youngstown, OH 44512 Date(s) debt was incurred <u>Opened 04/16 Last Active 09/16</u> Last 4 digits of account number <u>0059</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$945.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.19 | Nonpriority creditor's name and mailing address First Digital Card Attn: Bankruptcy Po Box 85650 Sioux Falls, SD 57118 Date(s) debt was incurred <u>Opened 01/20 Last Active 03/23</u> Last 4 digits of account number <u>6604</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$633.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.20 | Nonpriority creditor's name and mailing address First Premier Bank PO Box 5147 Sioux Falls, SD 57117-5147 Date(s) debt was incurred <u>Opened 03/21 Last Active 01/23</u> Last 4 digits of account number <u>7730</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$911.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.21 | Nonpriority creditor's name and mailing address First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107-0145 Date(s) debt was incurred <u>Opened 04/22 Last Active 01/23</u> Last 4 digits of account number <u>7266</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$895.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.22 | Nonpriority creditor's name and mailing address First Premier Bank Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117 Date(s) debt was incurred <u>Opened 01/17 Last Active 10/07/22</u> Last 4 digits of account number <u>8133</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$217.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Name

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| 3.23 | Nonpriority creditor's name and mailing address Fortiva Attn: Bankruptcy Po Box 105555 Atlanta, GA 30348 Date(s) debt was incurred <u>Opened 08/21 Last Active 5/22/23</u> Last 4 digits of account number <u>6827</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$871.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.24 | Nonpriority creditor's name and mailing address Genesis FS Card Attn: Bankruptcy Po Box 4477 Beaverton, OR 97076 Date(s) debt was incurred <u>Opened 08/20 Last Active 03/23</u> Last 4 digits of account number <u>9900</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$534.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.25 | Nonpriority creditor's name and mailing address Genesis FS Card Services Attn: Bankruptcy Po Box 4477 Beaverton, OR 97076 Date(s) debt was incurred <u>Opened 11/21 Last Active 01/23</u> Last 4 digits of account number <u>8866</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,217.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.26 | Nonpriority creditor's name and mailing address Genesis FS Card Services Attn: Bankruptcy Po Box 4477 Beaverton, OR 97076 Date(s) debt was incurred <u>Opened 03/21 Last Active 02/23</u> Last 4 digits of account number <u>4861</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$674.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.27 | Nonpriority creditor's name and mailing address Genesis FS Card Services PO Box 23039 Columbus, GA 31902-3039 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>loans through Milestone, Destiny and Indigo</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.28 | Nonpriority creditor's name and mailing address GRP Funding 1350 Main Street, #200 Springfield, MA 01103 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$33,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>small business loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.29 | Nonpriority creditor's name and mailing address iHeart Media 3964 Collection Center Dr Chicago, IL 60693-0039 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>1477</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,913.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor **CL Clay Enterprises, LLC**
Name

Case number (if known)

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| 3.30 | Nonpriority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346 Date(s) debt was incurred <u>04/20, 2019 tax due</u> Last 4 digits of account number <u>1314</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$9,399.39</u> |
| 3.31 | Nonpriority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346 Date(s) debt was incurred <u>04/19; 2018 tax liability</u> Last 4 digits of account number <u>1314</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$6,170.64</u> |
| 3.32 | Nonpriority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346 Date(s) debt was incurred <u>04/18; 2017 tax liability</u> Last 4 digits of account number <u>1314</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$5,983.29</u> |
| 3.33 | Nonpriority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346 Date(s) debt was incurred <u>04/15; 2014 tax liability</u> Last 4 digits of account number <u>1314</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$251.43</u> |
| 3.34 | Nonpriority creditor's name and mailing address JP Morgan Chase Bank, N.A. 3415 Vision Drive Columbus, OH 43219 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>5767</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>overdraft</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$2,760.98</u> |
| 3.35 | Nonpriority creditor's name and mailing address Legend Funding 800 Brickell Ave., Ste 902 Miami, FL 33131 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$8,500.00</u> |
| 3.36 | Nonpriority creditor's name and mailing address Lorant Development 3700 Oakwood Ave Youngstown, OH 44515 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>building lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$28,000.00</u> |

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| Debtor | CL Clay Enterprises, LLC Name | Case number (if known) _____ |
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| 3.37 | Nonpriority creditor's name and mailing address Merrick Bank/CCHoldings Attn: Bankruptcy P.O. Box 9201 Old Bethpage, NY 11804 Date(s) debt was incurred <u>Opened 01/17 Last Active 04/17</u> Last 4 digits of account number <u>2497</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$889.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.38 | Nonpriority creditor's name and mailing address Midland Funding, LLC Attn: Bankruptcy Po Box 939069 San Diego, CA 92193 Date(s) debt was incurred <u>Opened 10/17 Last Active 03/17</u> Last 4 digits of account number <u>7555</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$772.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Factoring Company Account Credit One Bank N.A.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.39 | Nonpriority creditor's name and mailing address Mission Lane LLC Attn: Bankruptcy P.O. Box 105286 Atlanta, GA 30348 Date(s) debt was incurred <u>Opened 04/21 Last Active 02/23</u> Last 4 digits of account number <u>4419</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$678.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.40 | Nonpriority creditor's name and mailing address National Credit Adjusters, LLC 327 West 4th Avenue Po Box 3023 Hutchinson, KS 67504 Date(s) debt was incurred <u>Opened 08/20 Last Active 04/17</u> Last 4 digits of account number <u>8526</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$468.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Factoring Company Account Mid-America Bank And Trust Tot</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.41 | Nonpriority creditor's name and mailing address National Credit Adjusters, LLC 327 West 4th Avenue Po Box 3023 Hutchinson, KS 67504 Date(s) debt was incurred <u>Opened 08/20 Last Active 01/18</u> Last 4 digits of account number <u>0987</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$418.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Factoring Company Account The Bank Of Missouri S/B/M Mab</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.42 | Nonpriority creditor's name and mailing address NCB Management Services Attn: Bankruptcy 1 Allied Drive Trevoise, PA 19053 Date(s) debt was incurred <u>Opened 11/18/16 Last Active 09/16</u> Last 4 digits of account number <u>1838</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,511.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>12 Sentral Financial Llc</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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Name

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| 3.43 | Nonpriority creditor's name and mailing address Nicholas Financial Inc Attn: Bankruptcy 2454 McMullen Booth Rd N Ste 501b Clearwater, FL 33759 Date(s) debt was incurred <u>Opened 11/19 Last Active 09/22</u> Last 4 digits of account number <u>1602</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Automobile</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.44 | Nonpriority creditor's name and mailing address Ohio Edison PO Box 3637 Akron, OH 44309-3637 Date(s) debt was incurred <u>07/19</u> Last 4 digits of account number <u>4961</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Electricity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$743.78 |
| 3.45 | Nonpriority creditor's name and mailing address OneMain Financial Attn: Bankruptcy Po Box 3251 Evansville, IN 47731 Date(s) debt was incurred <u>Opened 06/19 Last Active 8/08/22</u> Last 4 digits of account number <u>0918</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Secured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.46 | Nonpriority creditor's name and mailing address Peac Solutions PO Box 13604 Philadelphia, PA 19101-3604 Date(s) debt was incurred _____ Last 4 digits of account number <u>2002</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>leased lift</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,212.00 |
| 3.47 | Nonpriority creditor's name and mailing address Plain Green Loans Attn: Bankruptcy 93 Mack Road, Suite 600 Po Box 270 Box Elder, MT 59521 Date(s) debt was incurred <u>Opened 1/09/18 Last Active 4/29/19</u> Last 4 digits of account number <u>0555</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$800.00 |
| 3.48 | Nonpriority creditor's name and mailing address Regencyfin 1503 S Arlington Akron, OH 44319 Date(s) debt was incurred <u>Opened 12/99 Last Active 09/13</u> Last 4 digits of account number <u>1701</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.49 | Nonpriority creditor's name and mailing address Rhiel Supply Company 3735 Oakwood Ave Youngstown, OH 44515 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$12,000.00 |

Name

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| 3.50 | Nonpriority creditor's name and mailing address Security Credit Services Attn: Bankruptcy Po Box 1156 Oxford, MS 38655 Date(s) debt was incurred <u>Opened 3/28/17 Last Active 08/16</u> Last 4 digits of account number <u>5841</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>09 Tempoe Llc</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,856.00 |
| 3.51 | Nonpriority creditor's name and mailing address Spot Loans PO Box 720 Belcourt, ND 58316 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,000.00 |
| 3.52 | Nonpriority creditor's name and mailing address Tebo Financial Services, Inc. 4932 Everhard Rd. Canton, OH 44718 Date(s) debt was incurred <u>Opened 06/12 Last Active 04/14</u> Last 4 digits of account number <u>5409</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Automobile</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.53 | Nonpriority creditor's name and mailing address Total VISA Attn: Bankruptcy P.O. Box 84930 Sioux Falls, SD 57118 Date(s) debt was incurred <u>Opened 12/19 Last Active 02/23</u> Last 4 digits of account number <u>1956</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$530.00 |
| 3.54 | Nonpriority creditor's name and mailing address Total VISA Attn: Bankruptcy P.O. Box 84930 Sioux Falls, SD 57118 Date(s) debt was incurred <u>Opened 10/20 Last Active 03/23</u> Last 4 digits of account number <u>9570</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$436.00 |
| 3.55 | Nonpriority creditor's name and mailing address United Auto Credit Co Attn: Bankruptcy Po Box 163049 Fort Worth, TX 76161 Date(s) debt was incurred <u>Opened 05/15 Last Active 7/15/16</u> Last 4 digits of account number <u>0002</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Automobile</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |

Debtor **CL Clay Enterprises, LLC**
Name

Case number (if known)

3.56 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is: *Check all that apply.*

\$786.00

Westcreek Fi
Attn: Bankruptcy
Po Box 5518
Glen Allen, VA 23058

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred Opened 8/31/22 Last
Active 3/17/23

Basis for the claim: Lease

Last 4 digits of account number 63X1

Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| | Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|-----|---|--|---|
| 4.1 | Eagle Loan Company of Ohio, Inc 1901 Whipple Avenue NW Canton, OH 44708 | Line <u>3.18</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.2 | Equifax PO Box 740241 Atlanta, GA 30374 | Line <u>3.28</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.3 | Experian PO Box 2002 Allen, TX 75013 | Line <u>3.28</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.4 | Internal Revenue Service Insolvency Group 3 1240 E. 9th St., Room 457 Attn: Ann Hemphill Cleveland, OH 44199 | Line <u>3.30</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.5 | Internal Revenue Service Insolvency Group 3 1240 E. 9th St., Room 457 Attn: Ann Hemphill Cleveland, OH 44199 | Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.6 | Internal Revenue Service Insolvency Group 3 1240 E. 9th St., Room 457 Attn: Ann Hemphill Cleveland, OH 44199 | Line <u>3.31</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.7 | Internal Revenue Service Insolvency Group 3 1240 E. 9th St., Room 457 Attn: Ann Hemphill Cleveland, OH 44199 | Line <u>3.32</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.8 | Internal Revenue Service Insolvency Group 3 1240 E. 9th St., Room 457 Attn: Ann Hemphill Cleveland, OH 44199 | Line <u>3.33</u> <input type="checkbox"/> Not listed. Explain _____ | — |

| | | |
|--------|--|---|
| Debtor | CL Clay Enterprises, LLC | Case number (if known) _____ |
| | Name | |
| | Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? |
| 4.9 | JP Morgan Chase-Legal Dept 1191 E Newport Center Dr Ste 101 Deerfield Beach, FL 33442 | Line <u>3.34</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.10 | LJ Ross Associates, Inc PO Box 6099 Jackson, MI 49204-6099 | Line <u>3.44</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.11 | Max Recovery Group, LLC 55 Broadway, 3rd Floor New York, NY 10006 | Line <u>3.28</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.12 | Small Business Finance Association 555 8th Ave., Ste 1902 New York, NY 10018 | Line <u>3.28</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.13 | Sylvia Adams Collections Specialist 19790 W Dixie Hwy., Ste 301 Miami, FL 33180 | Line <u>3.35</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.14 | Transunion PO Box 1000 Crum Lynne, PA 19022 | Line <u>3.28</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.15 | Triton Recovery Collections Specialist 19790 W Dixie Hwy., Ste 301 Miami, FL 33180 | Line <u>3.35</u> <input type="checkbox"/> Not listed. Explain _____ |

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

| Total of claim amounts | |
|------------------------|----------------------|
| 5a. | \$ <u>1,113.83</u> |
| 5b. + | \$ <u>154,007.51</u> |
| 5c. | \$ <u>155,121.34</u> |

Fill in this information to identify the case:

Debtor name **CL Clay Enterprises, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **building lease**

State the term remaining

List the contract number of any government contract _____

**Lorant Development
3700 Oakwood Ave
Youngstown, OH 44515**

2.2. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

**Rhiel Supply Company
3735 Oakwood Ave
Youngstown, OH 44515**

Fill in this information to identify the case:Debtor name **CL Clay Enterprises, LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 Carl Clay****150 N Navarre Ave
Youngstown, OH 44515****American Financial
Management, Inc.**☐ D _____☒ E/F **3.2**☐ G _____**2.2 Carl Clay****150 N Navarre Ave
Youngstown, OH 44515****Peac Solutions**☐ D _____☒ E/F **3.46**☐ G _____**2.3 Carl Clay****150 N Navarre Ave
Youngstown, OH 44515****GRP Funding**☐ D _____☒ E/F **3.28**☐ G _____**2.4 Carl Clay****150 N Navarre Ave
Youngstown, OH 44515****Legend Funding**☐ D _____☒ E/F **3.35**☐ G _____**2.5 Carl Clay****150 N Navarre Ave
Youngstown, OH 44515****JP Morgan Chase
Bank, N.A.**☐ D _____☒ E/F **3.34**☐ G _____

Debtor **CL Clay Enterprises, LLC**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

| | | | | |
|-----|-----------|---|-------------------------|---|
| 2.6 | Carl Clay | 150 N Navarre Ave Youngstown, OH 44515 | Rhiel Supply Company | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.49</u> <input type="checkbox"/> G _____ |
|-----|-----------|---|-------------------------|---|

| | | | | |
|-----|-----------|---|-------------------|--|
| 2.7 | Carl Clay | 150 N Navarre Ave Youngstown, OH 44515 | Big Picture Loans | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.7</u> <input type="checkbox"/> G _____ |
|-----|-----------|---|-------------------|--|

| | | | | |
|-----|-----------|---|------------|---|
| 2.8 | Carl Clay | 150 N Navarre Ave Youngstown, OH 44515 | Spot Loans | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.51</u> <input type="checkbox"/> G _____ |
|-----|-----------|---|------------|---|

| | | | | |
|-----|-----------|---|-----------------------------|---|
| 2.9 | Carl Clay | 150 N Navarre Ave Youngstown, OH 44515 | Genesis FS Card Services | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.27</u> <input type="checkbox"/> G _____ |
|-----|-----------|---|-----------------------------|---|

| | | | | |
|------|-----------|---|---------------------------|---|
| 2.10 | Carl Clay | 150 N Navarre Ave Youngstown, OH 44515 | Continental Finance Co | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.12</u> <input type="checkbox"/> G _____ |
|------|-----------|---|---------------------------|---|

| | | | | |
|------|-----------|---|---------------------------|--|
| 2.11 | Carl Clay | 150 N Navarre Ave Youngstown, OH 44515 | Coastal Community Bank | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.9</u> <input type="checkbox"/> G _____ |
|------|-----------|---|---------------------------|--|

| | | | | |
|------|-----------|---|------------------|--|
| 2.12 | Carl Clay | 150 N Navarre Ave Youngstown, OH 44515 | Bank of Missouri | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.6</u> <input type="checkbox"/> G _____ |
|------|-----------|---|------------------|--|

| | | | | |
|------|-----------|---|--------------|--|
| 2.13 | Carl Clay | 150 N Navarre Ave Youngstown, OH 44515 | Applied Bank | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.3</u> <input type="checkbox"/> G _____ |
|------|-----------|---|--------------|--|

Debtor CL Clay Enterprises, LLC

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

| | | | | |
|------|------------------|---|--------------------------------------|---|
| 2.14 | Carl Clay | 150 N Navarre Ave Youngstown, OH 44515 | Delta Bridge Funding, LLC | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.17</u> <input type="checkbox"/> G _____ |
|------|------------------|---|--------------------------------------|---|

| | | | | |
|------|------------------|---|---------------------|---|
| 2.15 | Carl Clay | 150 N Navarre Ave Youngstown, OH 44515 | iHeart Media | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.29</u> <input type="checkbox"/> G _____ |
|------|------------------|---|---------------------|---|

| | | | | |
|------|------------------------------------|--|--------------------------------------|---|
| 2.16 | CL Clay Enterprises LLC | 3700 Oakwood Ave Youngstown, OH 44515 | Delta Bridge Funding, LLC | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.17</u> <input type="checkbox"/> G _____ |
|------|------------------------------------|--|--------------------------------------|---|

Fill in this information to identify the case:Debtor name **CL Clay Enterprises, LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/22**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2023** to **Filing Date****Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)**\$109,925.13****For prior year:**From **1/01/2022** to **12/31/2022**☒ Operating a business☐ Other _____**\$308,632.00****For year before that:**From **1/01/2021** to **12/31/2021**☒ Operating a business☐ Other _____**\$279,211.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
*Check all that apply***4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

| Insider's name and address Relationship to debtor | Dates | Total amount of value | Reasons for payment or transfer |
|--|-------|-----------------------|---------------------------------|
|--|-------|-----------------------|---------------------------------|

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

| Creditor's name and address | Describe of the Property | Date | Value of property |
|-----------------------------|--------------------------|------|-------------------|
|-----------------------------|--------------------------|------|-------------------|

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|-----------------------------|---|-----------------------|--------|
|-----------------------------|---|-----------------------|--------|

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

| Case title Case number | Nature of case | Court or agency's name and address | Status of case |
|---------------------------|----------------|------------------------------------|----------------|
|---------------------------|----------------|------------------------------------|----------------|

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

| Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|------------------------------|---|-------------|-------|
|------------------------------|---|-------------|-------|

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred**Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Dates of loss**Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer?
Address

If not money, describe any property transferred

Dates

Total amount or value

11.1. **Attorney Daniel J. Solmen**
940 Windham Court, Ste. 7
Youngstown, OH 44512

retainer

07/23

\$1,000.00

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device

Describe any property transferred

Dates transfers were made

Total amount or value

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer?
Address

Description of property transferred or payments received or debts paid in exchange

Date transfer was made

Total amount or value

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address

Dates of occupancy
From-To

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or

- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

| Financial Institution name and Address | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|---|--|---|
| 18.1. Chase PO Box 15153 Wilmington, DE 19886-5153 | XXXX-5190 | <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other____ | 07/23 | \$0.00 |

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

| Depository institution name and address | Names of anyone with access to it Address | Description of the contents | Does debtor still have it? |
|---|---|-----------------------------|----------------------------|
|---|---|-----------------------------|----------------------------|

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

| Facility name and address | Names of anyone with access to it | Description of the contents | Does debtor still have it? |
|---------------------------|-----------------------------------|-----------------------------|----------------------------|
|---------------------------|-----------------------------------|-----------------------------|----------------------------|

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No.
☐ Yes. Provide details below.

Case title
Case number

Court or agency name and
address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☐ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☐ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address

Describe the nature of the business

Employer Identification number
Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service
From-To

| Name and address | Date of service From-To |
|---|----------------------------|
| 26a.1. Quaker Tax Service 767 W State Street Salem, OH 44460 | |

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

| Name and address | If any books of account and records are unavailable, explain why |
|------------------|---|
|------------------|---|

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

| Name and address |
|------------------|
|------------------|

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

| Name of the person who supervised the taking of the inventory | Date of inventory | The dollar amount and basis (cost, market, or other basis) of each inventory |
|--|-------------------|---|
|--|-------------------|---|

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name | Address | Position and nature of any interest | % of interest, if any |
|--------------|---|--|--------------------------|
| Carl L. Clay | 150 N Navarre Ave Youngstown, OH 44515 | sole member | 100% |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

| Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|-------------------------------|---|-------|-----------------------------------|
|-------------------------------|---|-------|-----------------------------------|

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

Debtor CL Clay Enterprises, LLC

Case number (if known) _____

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 28, 2023

/s/ Carl L. Clay

Signature of individual signing on behalf of the debtor

Carl L. Clay

Printed name

Position or relationship to debtor Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

United States Bankruptcy Court
Northern District of Ohio

In re **CL Clay Enterprises, LLC**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | | |
|---|----|------------------------|
| For legal services, I have agreed to accept | \$ | <u>1,000.00</u> |
| Prior to the filing of this statement I have received | \$ | <u>1,000.00</u> |
| Balance Due | \$ | <u>0.00</u> |

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

November 28, 2023

Date

/s/ Daniel J. Solmen

Daniel J. Solmen 0061536

Signature of Attorney

Daniel J. Solmen, Attorney at Law

940 Windham Ct., Ste.7

Youngstown, OH 44512

330-758-6900 Fax: 330-758-2250

dansolmen@yahoo.com

Name of law firm

**United States Bankruptcy Court
Northern District of Ohio**

| | | | | | | |
|-------|---------------------------------|--|-----------|--|---------------------|----------|
| In re | CL Clay Enterprises, LLC | | Debtor(s) | | Case No. Chapter | 7 |
|-------|---------------------------------|--|-----------|--|---------------------|----------|

VERIFICATION OF CREDITOR MATRIX

I, the Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

| | | | |
|-------|--------------------------|----------------------------|--|
| Date: | November 28, 2023 | | |
| | | /s/ Carl L. Clay | |
| | | Carl L. Clay/Member | |
| | | Signer/Title | |

Affirm, Inc.
Attn: Bankruptcy
650 California St, Fl 12
San Francisco, CA 94108

American Financial Management, Inc.
5500 Pearl Street
Des Plaines, IL 60018

Applied Bank
4700 Exchange Court
Boca Raton, FL 33431

Aspire Credit Card
Attn: Bankruptcy
Po Box 105555
Atlanta, GA 30348

Avant/WebBank
222 North LaSalle Street
Suite 1600
Chicago, IL 60601

Bank of Missouri
916 N King's Hwy
Perryville, MO 63775

Big Picture Loans
1800 N Lamar St
Dallas, TX 75202

Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

Carl Clay
150 N Navarre Ave
Youngstown, OH 44515

CL Clay Enterprises LLC
3700 Oakwood Ave
Youngstown, OH 44515

Coastal Community Bank
5415 Evergreen Way
Everett, WA 98203

Coastl/prosp
Attn: Bankruptcy Dept
221 Main Street, Ste 400
San Francisco, CA 94105

Continental Finance Co
Attn: Bankruptcy
4550 Linden Hill Rd, Ste 4
Wilmington, DE 19808

Continental Finance Co
PO Box 8099
Newark, DE 19714

Continental Finance Company
Attn: Bankruptcy
Po Box 8099
Newark, DE 19714

Credit One Bank
Attn: Bankruptcy Department
6801 Cimarron Rd
Las Vegas, NV 89113

Delta Bridge Funding, LLC
2875 NE 191st St., Ste 500
Miami, FL 33180

Eagle Loan Company
224 Boardman-Canfield Rd.
Youngstown, OH 44512

Eagle Loan Company of Ohio, Inc
1901 Whipple Avenue NW
Canton, OH 44708

Equifax
PO Box 740241
Atlanta, GA 30374

Experian
PO Box 2002
Allen, TX 75013

First Digital Card
Attn: Bankruptcy
Po Box 85650
Sioux Falls, SD 57118

First Premier Bank
PO Box 5147
Sioux Falls, SD 57117-5147

First Premier Bank
3820 N Louise Ave
Sioux Falls, SD 57107-0145

First Premier Bank
Attn: Bankruptcy
Po Box 5524
Sioux Falls, SD 57117

Fortiva
Attn: Bankruptcy
Po Box 105555
Atlanta, GA 30348

Genesis FS Card
Attn: Bankruptcy
Po Box 4477
Beaverton, OR 97076

Genesis FS Card Services
Attn: Bankruptcy
Po Box 4477
Beaverton, OR 97076

Genesis FS Card Services
PO Box 23039
Columbus, GA 31902-3039

GRP Funding
1350 Main Street, #200
Springfield, MA 01103

iHeart Media
3964 Collection Center Dr
Chicago, IL 60693-0039

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

Internal Revenue Service
Insolvency Group 3
1240 E. 9th St., Room 457
Attn: Ann Hemphill
Cleveland, OH 44199

JP Morgan Chase Bank, N.A.
3415 Vision Drive
Columbus, OH 43219

JP Morgan Chase-Legal Dept
1191 E Newport Center Dr
Ste 101
Deerfield Beach, FL 33442

Legend Funding
800 Brickell Ave., Ste 902
Miami, FL 33131

LJ Ross Associates, Inc
PO Box 6099
Jackson, MI 49204-6099

Lorant Development
3700 Oakwood Ave
Youngstown, OH 44515

Lorant Development
3700 Oakwood Ave
Youngstown, OH 44515

Max Recovery Group, LLC
55 Broadway, 3rd Floor
New York, NY 10006

Merrick Bank/CCHoldings
Attn: Bankruptcy
P.O. Box 9201
Old Bethpage, NY 11804

Midland Funding, LLC
Attn: Bankruptcy
Po Box 939069
San Diego, CA 92193

Mission Lane LLC
Attn: Bankruptcy
P.O. Box 105286
Atlanta, GA 30348

National Credit Adjusters, LLC
327 West 4th Avenue
Po Box 3023
Hutchinson, KS 67504

NCB Management Services
Attn: Bankruptcy
1 Allied Drive
Trevose, PA 19053

Nicholas Financial Inc
Attn: Bankruptcy
2454 McMullen Booth Rd N Ste 501b
Clearwater, FL 33759

Ohio Edison
PO Box 3637
Akron, OH 44309-3637

OneMain Financial
Attn: Bankruptcy
Po Box 3251
Evansville, IN 47731

Peac Solutions
PO Box 13604
Philadelphia, PA 19101-3604

Plain Green Loans
Attn: Bankruptcy
93 Mack Road, Suite 600 Po Box 270
Box Elder, MT 59521

Regencyfin
1503 S Arlington
Akron, OH 44319

Rhiel Supply Company
3735 Oakwood Ave
Youngstown, OH 44515

Security Credit Services
Attn: Bankruptcy
Po Box 1156
Oxford, MS 38655

Small Business Finance Association
555 8th Ave., Ste 1902
New York, NY 10018

Spot Loans
PO Box 720
Belcourt, ND 58316

Sylvia Adams
Collections Specialist
19790 W Dixie Hwy., Ste 301
Miami, FL 33180

Tebo Financial Services, Inc.
4932 Everhard Rd.
Canton, OH 44718

Total VISA
Attn: Bankruptcy
P.O. Box 84930
Sioux Falls, SD 57118

Transunion
PO Box 1000
Crum Lynne, PA 19022

Triton Recovery
Collections Specialist
19790 W Dixie Hwy., Ste 301
Miami, FL 33180

United Auto Credit Co
Attn: Bankruptcy
Po Box 163049
Fort Worth, TX 76161

Westcreek Fi
Attn: Bankruptcy
Po Box 5518
Glen Allen, VA 23058

**United States Bankruptcy Court
Northern District of Ohio**

In re **CL Clay Enterprises, LLC**

Debtor(s)

Case No.
Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **CL Clay Enterprises, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

Carl L. Clay
150 N Navarre Ave
Youngstown, OH 44515

☐ None [*Check if applicable*]

November 28, 2023

Date

/s/ Daniel J. Solmen

Daniel J. Solmen 0061536

Signature of Attorney or Litigant
Counsel for **CL Clay Enterprises, LLC**

Daniel J. Solmen, Attorney at Law

940 Windham Ct., Ste.7

Youngstown, OH 44512

330-758-6900 Fax:330-758-2250

dansolmen@yahoo.com